

## SELF-TEST FOR IRLEN SYNDROME

(WWW.IRLEN.COM)

Please fill out this form **in ink**. Parents, complete the form in cooperation with your child.

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City/State/Country \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: YOUR EXPERIENCES CAN BE IN THE PAST,  
WHEN IN SCHOOL, AS WELL AS THE PRESENT.**

### ***CHARACTERISTICS***

*Please Circle Answer*

#### ***Are you light sensitive?***

Bothered by sunlight	Yes	No	?
Bothered by glare	Yes	No	?
Do you frequently wear sunglasses?	Yes	No	?
Bothered by bright or fluorescent lights	Yes	No	?
Tired or drowsy under bright or fluorescent lights	Yes	No	?
Become anxious under bright or fluorescent lights	Yes	No	?
Get a headache/stomachache from bright or fluorescent lights	Yes	No	?
Feel antsy or fidgety under bright or fluorescent lights	Yes	No	?
Harder to listen under bright or fluorescent lights	Yes	No	?
Performance deteriorates under bright or fluorescent lights	Yes	No	?
Feel like there is not enough light when reading	Yes	No	?
Feel like there is too much light when reading	Yes	No	?
Read in dim light	Yes	No	?
Shade the page with your hand or body	Yes	No	?

#### ***Types of reading difficulties:***

Skip words or lines	Yes	No	?
Repeat or reread lines	Yes	No	?
Read with breaks	Yes	No	?
Lose place	Yes	No	?
Read in a "stop and go" rhythm	Yes	No	?
Omit small words	Yes	No	?
Poor reading comprehension	Yes	No	?
Reading becomes harder the longer you read	Yes	No	?
Use your finger or marker to help keep your place	Yes	No	?
Avoid reading	Yes	No	?
Avoid reading for pleasure	Yes	No	?
Rereads for comprehension	Yes	No	?
Reversals of letters and/or numbers	Yes	No	?

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**While reading or using a computer, do you:**

Rub eyes	Yes	No	?
Move closer to or further away	Yes	No	?
Squint	Yes	No	?
Open eyes wide	Yes	No	?
Incorporate breaks	Yes	No	?
Change position to reduce glare	Yes	No	?
Close or cover one eye	Yes	No	?
Move head	Yes	No	?
Read word by word	Yes	No	?
Unable to speed read	Yes	No	?

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**Do you feel strain, fatigue, tired, or have headaches when:**

Reading	Yes	No	?
Listening	Yes	No	?
Doing paper and pencil tasks	Yes	No	?
Working on the computer	Yes	No	?
Whiteboards / Overheads	Yes	No	?
Watching TV, movies, or live stage productions	Yes	No	?
Copying material from a book or whiteboard	Yes	No	?
Doing math assignments	Yes	No	?
Writing long assignments	Yes	No	?
Doing visually-intensive activities like needlepoint, sewing, cross stitching, crossword puzzles, woodworking, soldering, etc.	Yes	No	?
Working under bright or fluorescent lights	Yes	No	?
Looking at stripes, patterns, bright colors, and high contrast	Yes	No	?

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**Handwriting:**

Write up or down hill	Yes	No	?
Unequal or no spacing between letters or words	Yes	No	?
Unequal letter size	Yes	No	?
Unable to write on the line	Yes	No	?
Leave out words, letters, or punctuation marks	Yes	No	?

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**Attention/Concentration:**

Problems concentrating with reading or writing	Yes	No	?
Easily distracted when reading or writing	Yes	No	?
Easily distracted when listening	Yes	No	?
Easily distracted when taking tests	Yes	No	?
Daydreams in class or at lectures	Yes	No	?
Problems staying on task	Yes	No	?
Problems starting tasks	Yes	No	?
Difficulty with scantron answer sheets	Yes	No	?

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**Copying:**

Lose place (book, chalkboard, whiteboard, overhead)	Yes	No	?
Leave out words (book, chalkboard, whiteboard, overhead)	Yes	No	?
Slow (book, chalkboard, whiteboard, overhead)	Yes	No	?
Incomplete (book, chalkboard, whiteboard, overhead)	Yes	No	?
Careless errors (book, chalkboard, whiteboard, overhead)	Yes	No	?
Blink or squint (book, chalkboard, whiteboard, overhead?)	Yes	No	?
Difficulty refocusing	Yes	No	?
Difficulty copying things onto or off computer or typewriter	Yes	No	?

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**Composition/Essay Writing:**

Disorganized	Yes	No	?
Problems with punctuation	Yes	No	?
Problems proofreading	Yes	No	?
Leave out letters or words	Yes	No	?
Write without rereading	Yes	No	?

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**Mathematics:**

Misalign digits in number columns	Yes	No	?
Difficulty seeing numbers in the correct column	Yes	No	?
Sloppy or careless errors	Yes	No	?
Use finger, graph paper, or other marker when working with columns of numbers	Yes	No	?
Difficulty seeing signs, symbols, numbers, decimal points	Yes	No	?
Reversals of numbers	Yes	No	?

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**Music:**

Problems sight reading the notes	Yes	No	?
Prefer to memorize rather than read music	Yes	No	?
Prefer to play by ear	Yes	No	?
Use finger to track notes	Yes	No	?
Lose your place	Yes	No	?
Trouble reading the notes or notes and words together	Yes	No	?
Difficulty interpreting the music notations	Yes	No	?
Little progress in spite of regular practice	Yes	No	?

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**Depth Perception:**

Difficulty getting on and off escalators	Yes	No	?
Clumsy	Yes	No	?
Bump into table edges or door jams	Yes	No	?
Difficulty walking up and/or down stairs	Yes	No	?
Difficulty judging distances	Yes	No	?
Drop or knock things over	Yes	No	?
As a child, accident prone or have bruises on your shins	Yes	No	?
When walking next to someone, do you drift into the person	Yes	No	?
When walking, do you feel dizzy or light headed	Yes	No	?
Afraid of heights	Yes	No	?

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***Sports Performance:***

Problems tracking a flying ball like golf, baseball, or tennis	Yes	No	?
Trouble following the ball when watching sports on TV such as tennis, football or basketball	Yes	No	?
When watching sports on TV, can you follow the ball but not see anything else	Yes	No	?
Trouble catching or hitting a ball	Yes	No	?
Difficulty playing pool	Yes	No	?
Difficulty hitting the ball when playing baseball or tennis	Yes	No	?
Trouble learning how to ride a bike	Yes	No	?
Trouble jumping rope? Jump in at the wrong time or jump into the rope	Yes	No	?
Trouble playing games such as volley ball or four square	Yes	No	?
On playground equipment such as rings or bars, was it hard to go from one to the other	Yes	No	?

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***Driving:***

Difficulty parallel parking	Yes	No	?
Do you feel like you will hit the car in front when parking	Yes	No	?
When parking, do you hit the curb or leave too much space	Yes	No	?
Difficulty judging when to turn in front of oncoming traffic	Yes	No	?
Uncertain when making lane changes	Yes	No	?
Extra cautious when making lane changes	Yes	No	?
Are the passengers tense when you make lane changes	Yes	No	?
Do passengers tell you that you tailgate	Yes	No	?
Are you overly cautious, leaving extra room between you and the car ahead	Yes	No	?

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***Fatigue While In A Car:***

As a passenger, do you become drowsy	Yes	No	?
When driving, do you become drowsy	Yes	No	?
Bothered by glare on the chrome on cars	Yes	No	?
Bothered by glare off the rear window of the car in front of you	Yes	No	?
Stressful to drive in the rain/snow (glare)	Yes	No	?
Avoid driving at night	Yes	No	?
Bothered by headlights and street lights at night	Yes	No	?
Bothered by tail lights on cars	Yes	No	?
Bothered by red/green traffic lights	Yes	No	?
Have night blindness	Yes	No	?

If you answered yes to three or more of these questions in any <u>one</u> of the above sections, then you might be experiencing the effects of a perception problem called Irlen Syndrome.
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**For further information, contact:**

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